

LETTER OF AUTHORISATION

To

The Director
All India Institute of Speech & Hearing
Manasagangothri
Mysore 570 006

Dear Sir,

Sub: Group Savings Linked Insurance-reg.

I wish to join/enhance contribution for the Group Savings Linked Insurance Scheme arranged with your office and request to admit me as an insured member of the scheme with effect from 1.1.2003.

I hereby authorize my employer to deduct a sum of Rs. _____ as contribution towards the scheme from my salary starting from the salary for the month of January, 2003.

I further agree that this letter of authorization shall not be revoked by me so long as I am a regular employee.

My date of birth as recorded in _____ certificate sent herewith is _____.

Yours faithfully

Signature

PLACE :

DATE :

NAME :
(In block letters)

DESIGNATION :

DEPARTMENT IN :
OFFICE

RULE GSLI FORM NO. 4

FORM OF APPOINTMENT OF BENEFICIARY

I _____ as insured member of the AIISH,
GSLI Scheme, hereby appoint, in terms of Rules No.13 headed “APPOINTMENT OF
BENEFICIARY” of the rules governing the scheme, my _____ (_____
relationship) named _____ whose address is _____

_____ as the
person to be the beneficiary to whom the monies payable in terms of the rule of the Scheme
shall be paid in the event of my death.

Signature at _____ this _____ day of _____.

Signature

Name:

WITNESSED BY

Signature

Name

Address

1.

2.